County of San Diego

Ryan White Primary Care Program (RWPCP)

Funded by Ryan White Treatment Extension Act (RWTEA)

2012

Provider Handbook

Effective 3/1/12

RWPCP Provider Handbook   2012

Attachments

Overview

The Ryan White Primary Care Program (RWPCP) is administered by the County of San Diego HIV, STD and Hepatitis Branch (HSHB) Public Health Services with funding from the State of California and the Federal Ryan White Treatment Extension Act of 2009 (RWTEA). The RWPCP provides preventive and primary care services to HIV positive patients through a network of qualified community clinics. The Program is managed by the Administrative Service Organization (ASO), UnitedHealthcare.

Direct medical services are provided at primary care clinics that contract with HSHB and meet the quality standards required by the HIV Health Services Planning Council. The Standards of Care Committee recommends standards of care guidelines for patients enrolled in the RWPCP for San Diego County. A listing of these guidelines can be found in Attachment D. All medical conditions must be related to HIV disease and must be included in the RWPCP scope of services. A listing of all RWPCP participating medical and dental clinics can be found on Page 3 of this section.

Please direct any program questions to either contact number listed below:

County of San Diego
HSHB Contract Administrator
(619) 293-4712

UnitedHealthcare, ASO
RWPC Program Manager
(858) 495-1373

Eligible Patients

In order for a patient to receive services through the RWPCP, the patient must:

- Have a positive HIV serology
- Not have or be eligible for other health coverage for treatment of HIV disease
- Not be younger than 21 years of age, or older than 64 years of age
- Eligibility certification is granted to match their birth month with the need to re-certify their eligibility for RWPC six-months after their birth month

Individuals whose disease state meets or exceeds Social Security Disability criteria for AIDS must be referred for Medicare and/or Medi-Cal. Through the RWPC application process, individuals are screened for other health care payors including Medi-Cal and Low Income Health Plan (LIHP).

HIV Specialty Practitioners

HIV primary care services are provided to enrolled RWPCP patients, and provided by practitioners who must be based at RW contracted clinics. Working practitioners are encouraged to obtain an understanding of the HIV related field and are also encouraged but not required to completing an AETC and AAHIVM annual exam.

Claims Submission on HIV Practitioners

Claims must be submitted electronically or on an approved claims form including the NPI (National Provider Identifier) number. For instructions on submitting electronically, please contact the Ryan White Program Manager at (858) 495-1373.

Services Covered

- Primary care services

- Palliative dental care
- Nutritional counseling
- Treatment Adherence (TA) counseling
- Pharmaceuticals on the approved list
- Secondary Dental enrollees are eligible for palliative dental services

Services Not Covered

- Physician or dental services provided outside the primary care clinic (available with other funding)
- Inpatient hospital services
- Emergency department services
- CT scans
- MRI and P.E.T. scans
- Invasive diagnostic tests done outside the primary care clinic

Other Resources Available for RWPCP Patients

HSHB has information for other local, State, and national programs which may be of

benefit to RWPCP patients. Other sources fund programs such as the AIDS Drug Assistance Program (ADAP), compassionate use programs for medications not covered by RW, specialty care and additional dental treatment through Specialty Pool arrangements. Services covered in these Specialty Pools are addressed on Page 12 of this handbook.

Key Information:

- Practitioners shall use the HIV Flow Sheet (Attachment E) which contains all required elements developed by the Standards of Care Committee.

- A Sexual Health Risk Assessment Form (Attachment F) or another form equivalent shall need to be completed by the patient every 3 – 6 months and filed in the patient's medical record. Exceptions will be documented.

- A dental referral shall be documented annually.

Participating RWPCP Medical and Dental Service Locations:

FAMILY HEALTH CENTERS OF SAN DIEGO (FHC)

Ciaccio Clinic at North Park - FHC
3544 30th Street
San Diego, CA 92104
(619) 515-2587
Medical Services Only

Grossmont Spring Valley FHC
8788 Jamacha Road
Spring Valley, CA 91977
(619) 515-2330
Dental Services Only

Hillcrest Dental Clinic at North Park FHC
3544 30th Street
San Diego, CA 92104
(619) 515-2434
Dental Services Only

Logan Heights FHC
1809 National Avenue
San Diego, CA 92113
(619) 515-2394
Dental Services Only

NEIGHBORHOOD HEALTH CARE (NBHC)

NBH – Grand
1001 East Grand Avenue
Escondido, CA 92025
(760) 737-7896
Medical Services Only

NBH - Wellness Center
425 North Date Street, Ste. 129
Escondido, CA 92025
(760) 737-2018
Dental Services Only

NORTH COUNTY HEALTH SERVICES (NCHS)

NCHS - Encinitas
629 2nd Avenue
Encinitas, CA 92024
(760) 753-7842
Medical & Dental Services

NCHS- San Marcos
150 Valpreda Road
San Marcos, CA 92069
(760) 736-6700
Medical & Dental Services

NCHS - Oceanside
605 Crouch Str., Bldg. C
Oceanside, CA 92054
(760) 757-4566
Medical Services Only

NCHS – Oceanside Dental
2216 El Camino Real, Ste.121-122
Oceanside, CA 92054
(760) 400-0277
Dental Services Only

NCHS – Ramona
217 East Earlham Street
Ramona, CA 92065
(760) 789-1223
Dental Services Only

SAN DIEGO AMERICAN INDIAN HEALTH CENTER (SDAIHC)

2630 First Avenue
San Diego, CA 92103
(619) 234-2158
Dental Services Only

SAN YSIDRO HEALTH CENTERS (SYHC)

San Ysidro Health Center (SYHC) - Main Clinic
4004 Beyer Boulevard
San Ysidro, CA 92173
(619) 428-4463
Medical & Dental Services

SAN YSIDRO HEALTH CENTER *(Continued)*

South Bay Family Dental Center
2 North Euclid Avenue
National City, CA 91950
(619) 205-6363
Dental Services Only

Comprehensive Health Ctr. - Euclid
286 Euclid Ave, Ste. 308
San Diego, CA 92114
(619) 527-7330
Medical Services Only

Comprehensive Health Ctr. - Oceanview
3177 Oceanview Blvd.
San Diego, CA 92113
(619) 231-9300
Dental Services Only

UCSD MOTHER-CHILD-ADOLESCENT PROGRAM

4076 Third Avenue, Ste. 301
San Diego, CA 92103
(619) 543-8089
Medical Services Only

UCSD OWEN CLINIC

4168 Front Street, 3rd Floor
San Diego, CA 92103
(619) 543-3995
Medical Services Only

VISTA COMMUNITY CLINIC (VCC)

Tri-City Community Health Center
134 Grapevine
Vista, CA 92083
(760) 631-5030
Medical Services Only

Eligibility and Enrollment

Application Forms and Timeline

The Ryan White Primary Care Application screens for eligibility for the Ryan White Primary Care Program and the potential eligibility for Medi-Cal, Medicare, and Low Income Health Plan (LIHP). There are two RWPC applications in both English and Spanish (RW-1E or RW-1S and RW1-AE and RW-1AS) which may be used to enroll someone in Ryan White Primary Care.

Enrollment is conducted annually. If someone has never enrolled in RWPCP, they must enroll using the RWPCP Application (RW-1E or RW-1S), Attachment A.

If an individual (currently receiving RWPC or not) is applying for ADAP and needs to enroll in or re-certify their RWPC, an ADAP enrollment worker based at a RWPC clinic may complete RW-1AE or RW-1AS to enroll the individual in RWPC.

The re-certification process occurs on a semiannual (every six month) renewal basis (See Re-Cert Application, Attachment C).

Use RW-1E or RW1S:
- At initial enrollment (applicant has never been covered by RWPC before) or
- Six-months prior to, or after, a currently enrolled RWPC recipient's birth month

Use RW-1AE or RW-1AS:
- Instead of RW-1E or RW-1S <u>and</u>
- if you are an ADAP enrollment worker at a RWPC clinic <u>and</u>

- the applicant is applying for ADAP.

Application and Re-certification forms should be processed according to procedures described under **Enrollment Application Guidelines and Clinic Responsibilities** (Page 7 of this Handbook) include retaining a copy for clinic records, and sending the original to the County's ASO, for processing.

Enrollment for Secondary Dental and EIP has not changed. Patients enrolled in these services, will be enrolled until 8/31.

Transitioning RWPC Eligibility Period to the Applicant's Birth Month

Beginning with RW Year 22 enrollments, RWPCP applicants will be granted eligibility periods to match their birth month with the need to re-certify their eligibility six-months after their birth month. See examples below, but realize the eligibility end date is determined by the ASO and will appear on the RWPC Eligibility List issued on the first work day of each month.

Beginning January 15, 2012, when enrollment for RW Year 22 opens, the following process will be used by the ASO to determine eligibility end dates:

Patients with a birthdates between March 1 and August 31 -
- Patients will be enrolled until the month of their birth.
- They will re-enroll during their birth month and will be eligible for 6 months following their birth month.
- They will need to re-enroll at the 6 month mark (after the birth month) to be eligible for RW services until their birth month again.

Patients with birthdates after 8/31 -

- Patients enrolled prior to 8/31 are eligible until 8/31.

- When enrolled after 8/31, patients are eligible until the month of their birth.

- When enrolled during their birth month, patients are eligible for 6 months.

- Patients must re-certify six-months after their birth month.

Please note, clinic staff do not determine eligibility timeframes. The eligibility will be determined by the ASO and reported via the monthly RW Patient Eligibility List referenced on Page 8 of this handbook.

Example A - Patients enrolled March 1: Eligibility is through August 31, their birth month, or six months from their birth month (whichever comes first).

Example B - Patients enrolled August 1: Eligibility is through February 28/29, the birthdate of the patient, or six months from their birth month (whichever comes first).

- Eligibility will be valid for 60 days after the completion date of RWPCP RW-1 for patients referred to Medi-Cal or LIHP.

Eligibility for Ryan White Secondary Dental (RW-DO)

- RW-DO eligibility period ends the last day of February and the last day of July each year. Please refer to the RWPC Eligibility List to verify eligibility prior to providing services. For RW-DO, if the applicant is new, if the applicant's eligibility is ending within six weeks, or if the applicant's eligibility has expired, the applicant must complete the

Secondary Dental Enrollment Form (Attachment N). Please note, there is no re-certification form for Secondary Dental. Eligibility for Secondary Dental cannot last more than six months.

LIHP Enrollment

Under a new 1115 Medicaid Waiver Program, San Diego County has expanded healthcare services to current and future Ryan White patients who traditionally have not qualified for Medi-Cal.

The Low Income Health Program (LIHP) is a medical assistance program servicing low income and indigent adult residents of San Diego County. LIHP provides medical care to qualified individuals. These services include provision of a medical home, inpatient and outpatient medical services, prescription medicines, home health care, emergency dental services, limited mental health services, and more. For additional approved services and related documents, refer to the County of San Diego LIHP website http://www.sdcounty.ca.gov/hhsa/programs/ssp/low_income_health_program/ .

Frequently Asked Questions (FAQ)

This collection of frequently asked questions (FAQ) provides brief answers to many common questions with reference to the LIHP Program.

Who qualifies for LIHP?

Eligible individuals must meet all the following criteria:

- Adults (ages 16-64)

- Persons living at or below 133% of Federal Poverty Level

- Persons who have documented San Diego County residency

- Persons who have documented U.S. Citizenship or 5-Year Resident Alien Status
- Persons who are not eligible for Medi-Cal

If the applicant meets all the above criteria, refer the applicant to apply for LIHP. Continue with the evaluation for Ryan White and notify the ASO by faxing the application RW1A-E (Attachment A) and referral form RW2-E to (858) 495-1329.

If the applicant does not meet the LIHP criteria, do not refer the applicant to LIHP and continue the evaluation for RWPC.

How does an applicant apply for the LIHP Program?

Applicants can apply for LIHP three different ways:

1. Calling **211:** With the applicants consent, 211 will collect the necessary information and forward the application to the County for processing.
2. Applying On-Line: Applicants can apply on-line at www.benefitscalwin.org .
3. At any Family Resource Center's (FRC).

How is the LIHP Program different from the Ryan White Program?

The Ryan White Program funds services for patients who have no other source for HIV medical or dental care. The Ryan White program is a "payer of last resort"; therefore, LIHP must pay for LIHP covered services. LIHP qualified Patient services must be paid for by the LIHP program, not Ryan White. LIHP also covers different services from Ryan White. LIHP offers additional health care services in contrast to Ryan White Primary Care. For additional approved services and related documents,

refer to the County of San Diego website: http://www.sdcounty.ca.gov/hhsa/programs/ssp/low_income_health_program/ .

If a patient meets the LIHP eligibility requirements, the patient will need to apply for LIHP as part of the next eligibility recertification. The patient will have 60 days of RW eligibility until enrollment determination is made. If the patient qualifies, LIHP will become the primary payer for the patient's medical care.

What if a Ryan White patient does not meet all of the eligibility requirements for LIHP, what does this mean to the patient?

There should be no change in services for Ryan White patients who do not qualify for LIHP.

How often does a patient reapply for LIHP?

LIHP enrollment is every 12 months.

If a patient's LIHP application is pending, can the patient still receive RW primary care services at his or her RW clinic?

Yes, once the application has been received by LIHP patients can continue to receive medical care under the RWPC until LIHP eligibility is determined.

What is the Income Documentation for RWPCP?

Screening for LIHP requires documentation of income. Beginning with RW Year 22 eligibility, income documentation must be provided to be eligible for RWPC. The preferred document to establish income is a current ADAP application. If an ADAP application is not available, the most recent tax return (i.e., 1040 with W-2 or 1099) is required. If the person is not an ADAP recipient and did not file taxes in the most

recent year, use the current ADAP guidelines for documenting income to report income. For more information, contact the ADAP Coordinator at (619) 293-4712.

A copy of the income documentation should be retained with the RWPC Application. Income documentation is not required to be sent to United HealthCare with the RWPC Application.

If the individual does not have financial documentation when they apply for RWPC, the income section should be left blank and "$ PENDING" written on the top of the RWPC application. The patient will be granted **30 days** to provide the documentation. Once the income has been documented, write the income on the application, mark out the "$ PENDING", write "COMPLETE" on the top of the application, and either fax the form again to (858) 495-1329 or email to the ASO at Cielo_anderson@uhc.com (you must use secure email) as confirmation that the patient has provided necessary documentation.

What is the enrollment grace period for patients referred to LIHP?

The grace period for patients who apply for LIHP is **60 days**. If in that time frame the patient applies, they will be granted RWPC until a determination is made on their LIHP application. This will be indicated on the RW Patient Eligibility List by the status RW LIHP Pending (RW-LP).

If the person has applied for RWPC and has been referred to LIHP and their LIHP application was approved, they will be listed on the RW Eligibility List as LIHP Approved (RW-LA). If the person has

applied for RWPC and has been referred to LIHP and their application is denied for failure to complete the process, their RWPC eligibility will also be removed. These individuals may re-instate their RWPC by complying with the application process for LIHP.

Enrollment Application Guidelines and Clinic Responsibilities

To ensure accurate collection of member information, to avoid member duplication and entry, and to maintain an accurate enrollment database system, all patient enrollment forms must be completed accurately, using the practices listed below. An original signature must be retained in the patient's file.

- Applications must be completed by clinic staff, printed legibly, and signed by the patient.

- The clinic staff name and phone number completing the form must be listed.

- Be precise and document which clinic site the application is processed.

- The Primary Care Clinic must provide the patient a RWPCP Patient Information Sheet (Attachment G), which outlines the services covered by the Program.

- All applicants must sign an ARIES Consent Form (Attachment Q) to be eligible to receive services.

- If a patient appears to be eligible for Medicare, Medi-Cal or LIHP, complete the RW-2E Referral Form (Attachment B), giving the original to the patient, and attaching a copy to the RWPCP RW-1E application.

- Patients referred to Medi-Cal and/or LIHP will be enrolled in the RWPCP for 60 days. If a Medi-Cal and/or LIHP application is not filed within that time frame, the patient's eligibility for the RWPCP will be terminated.

- Eligibility will be terminated the last day of the month the ASO is notified of a Medi-Cal or LIHP denial due to any "failure to cooperate" or "failure to provide" reason.

- Patients with another form of health insurance are not eligible to receive Ryan White funded primary care services.

- When faxing the enrollment forms to the ASO's, please be sure to use the correct fax number (858) 495-1329.

When faxing Program Enrollment forms protect, and keep non-public patient information, confidential by always using a fax cover sheet.

Administrative Services Organization (ASO) Contractor Responsibilities

UnitedHealthcare, ASO will ensure the application is complete and will enter the patient's information into the enrollment database. The ASO will contact the clinic representative if the enrollment form is incomplete. Claims cannot be processed until enrollment has been entered.

The ASO will provide each clinic with a monthly eligibility enrollment listing the first of

each month. This list consists of the names of each patient, the clinic enrollment site, and their respective eligibility status. Clinics are required to verify eligibility for enrollees on the most recent list prior to billing for services. If your billing department does not already have the Eligibility List sent to them monthly via secure email, contact the ASO at (858) 495-1373 to be added to the distribution list.

Other Payer Verification

The ASO will compare RW enrollees against lists of Medi-Cal and Private Insurance providers to determine if any enrollees have another payer. The activity is to comply with funding source requirements to ensure RW is the payer of last resort. If it is determined the enrollee has other insurance coverage, the eligibility status will be changed to *D2 RW Denied - Other Payer* on the ASO's RW White Monthly Eligibility List. Claims submitted for these individuals will be denied, and should be submitted to the other payer. If the enrollee has been identified as having another payer source in error, the provider must submit an appeal to the ASO. Follow the Appeals Process listed below.

Appeal Process

To appeal the other payer finding that a patient has Medi-Cal or another primary insurance, first contact the ASO at 858-495-1326.

If the ASO still finds the patient has another payer source, an appeal should be filed following the same procedure outlined in the Claims Appeal Process on Page 18. The appeal should include supporting documentation showing the patient does not have another payer source. This

documentation can include, but is not limited to, a print out from the insurance company's website showing the patient is no longer eligible and a letter of termination.

Patients without Social Security Numbers

When medical and pharmacy claims are processed, the Social Security Number (SSN) is used to identify the patient. Individuals without a social security number are assigned an identification number using the following method:

- 1st three digits = 999
- Remaining six digits = use the month, day and year (last 2 digits) of the patient's birth date

Example - Patient has a birth date of July 2, 1956. The identification number would be 999-07-0256.

Types of Eligibility

The following eligibility codes are used in the monthly eligibility enrollment listing to indicate the enrollee's eligibility status.

Status	Description of Status	Bill to
RW	Ryan White Primary Care is Primary Payer	RW
RW-LR	Has been referred to LIHP; granted RWPC for 60 days	
RW-LP	An Application for LIHP has been received by LIHP; granted RWPC until LIHP application has been determined	
RW-LA	The LIHP application was approved; LIHP is primary payer, RW is secondary	LIHP
RW-LD	The LIHP application was denied; RWPC is only payer	RW
RW-FP	Documentation of annual income was not provided; granted RW for 30 days	
RW- MR	Has been referred to Medi-Cal; granted RWPC for 60 days pending proof Medi-Cal has received the application	
RW- MP	An Application for Medi-Cal has been received by Medi-Cal; granted RWPC until Medi-Cal application has been determined	
RW-MD	Medi-Cal application was denied; granted RWPC	
D1	RW Denied; Incomplete application	Other Payer/ Patient
D2	RW Denied; Other payer (i.e., private insurance or Medi-Cal)	
N-A	Medi-Cal eligible or approved	Medi-Cal
RW-DO	Secondary Dental; Has medical coverage but no dental coverage	RW
RW-EIP	EIP patient with limited access to some lab tests	

Medical Services

The Ryan White Primary Care Program (RWPCP) covers primary care, preventive health care, preventive, and emergency dental care, and pharmacy services related to the treatment of HIV disease.

Medical Services Covered by the RWPCP

- Invasive diagnostic services (covered only when done at the Primary Care Clinic)
- Primary care services
- Preventive dental care, extractions and fillings
- Nutritional counseling
- Treatment Adherence (TA) counseling
- Pharmaceuticals in the RW/CMS Drug Formulary (Attachment H)

Medical Services Not Covered by the RWPCP

- Emergency Room services
- Inpatient Care
- Transportation (e.g., ambulance)
- Cat Scan
- Invasive Diagnostic Studies*
- MRI and P.E.T. Scans
- Consult and/or care by Specialty physicians or dentists
- Home Health
- Hospice Care
- Infusion Center services

*Invasive diagnostic services are covered by the Primary Care pool only when done at the primary care clinic by a registered primary care provider. Emergency room and inpatient services are not covered.

LIHP Medical Services

The LIHP program is a source of funding for medical services. Ryan White patients who qualify for LIHP must be funded (paid for) using the LIHP program, not Ryan White. The Ryan White Primary Care Program is considered the **payer of last resort**.

LIHP offers additional health care services in contrast to the Ryan White Program. For a list of additional approved LIHP services refer to the LIHP Provider Handbook located on the County of San Diego LIHP website:
http://www.sdcounty.ca.gov/hhsa/program s/ssp/low_income_health_program/

HIV positive individuals who have been enrolled in LIHP will have access to Ryan White Primary Care (RWPC) for services not paid through LIHP.

Ryan White Specialty Pools

The Ryan White Specialty Pools were developed to provide specialty care services to HIV-positive individuals who have no other source to cover expenses for specialty care services. In order to access Ryan White Specialty Pool services the patient must be enrolled in the RWPCP. The Specialty Pools address HIV related services that <u>are not covered</u> by the RWPCP and can be provided by an outside vendor. The Specialty Pools care services are divided into three (3) Pools:

1. **Medical Specialty Pool:** covers medically necessary, HIV-related, diagnostic, consultative, and therapeutic outpatient services.

2. **Dental Specialty Pool:** covers necessary dental specialty services.

3. **Home Health/Home Hospice Pool:** covers HIV-related home health care services, including end-of-life care.

Specialty Pool Medical Services

Specialty Pool services are diagnostic procedures not performed in the clinic setting and not included in the RWPCP Global Payment Basic Services List (Attachment I). These services require authorization by completing and submitting the Ryan White Specialty Pools Authorization Request form (Attachment J) and faxing to the Specialty Pool Coordinator at (619) 718-9870. Specialty Pool Care authorizations are valid for 90 days from date issued.

Referenced below are medical services covered by the Specialty Pools.

Diagnostic Studies:
- Arterial Blood Gases
- Doppler
- Echocardiogram
- EMG
- Exercise Stress Test
- Limited EEG
- Holter Monitor
- Induced Sputum
- Nerve Conduction Studies
- Pulmonary Function Test
- Treadmill

DME:
- Abdominal Truss
- Crutches
- Elastic Support Braces
- Standard One Point Canes
- Orthotics (OTC products only)
- Radiographs
- Barium Enema
- Barium Swallow
- IVP
- Radiographs (not listed as a basic service)
- UGI
- Ultrasound

CCHN is required to pay the outside vendor. Submit a copy of the vendor's invoice with the claim (include CPT codes) for reimbursement. Reimbursement will be made to the clinic at Medi-Cal rates.

Submit claims to:

Community Clinics Health Network (CCHN)
P.O. Box 880969
San Diego, CA 92168-0969

Specialty Pools Medical Services Not Covered

- Emergency room services
- Inpatient hospital services
- Cosmetic services
- Experimental services
- Primary Care services
- HIV resistance testing

Claims must be received by CCHN within 60 days of the date of service.

Nutritional Services

Medical Nutritional Therapy (MNT)

All RWPCP patients are eligible to receive medical nutrition therapy, either as an individual or in a group session. Counseling will be provided by Registered Dieticians (RD) employed by a contracting community clinic.

Supplements

Patients may receive nutritional supplements designated by the Standards of Care Committee when ordered by their primary care practitioner or a Registered Dietician employed by the clinic.

- All nutritional supplements are included in the RW/CMS Drug Formulary (Attachment H)
- Maximum supply – 90 units per month; maximum refills – 2

Prior-authorization is required to extend the time period the patient may have nutritional supplements. Patients must be screened for and/or referred to Medi-Cal to qualify for the limit override. A RWPCP Nutritional Supplement Prior Authorization form (Attachment K) must be completed.

Claims Submission for Nutritional Therapy

Claims must be submitted electronically or on an approved claim form using the appropriate codes and numbers listed below. For instructions on submitting claims electronically, contact the RW Program Manager at (858) 495-1373.

- CPT code 97802 Initial individual assessment, for each 15 minutes.
- CPT code 97803 Individual re-assessment, intervention or follow-up for each 15 minutes
- CPT code 97804 Group education/intervention (2 or more patients), for each 30 minutes
- Dietician accredited registration number
- NPI (National Provider Identifier number) of Registered Dietician

Treatment Adherence (TA) Counseling

Each contracted clinic may offer counseling for treatment education and adherence to enrolled Ryan White primary care patients (see Treatment Adherence Counselor Certification Verification Registration form (Attachment P). If the clinic has another payer source, such as RW Part C funds used to support treatment adherence services, the service cannot be charged to the Primary Care Pool. Reimbursement will be made to clinics only for treatment adherence services provided by registered counselors who meet the criteria outlined below:

- Employed by a RWPCP contracting clinic

- Completion of an accredited Treatment Adherence Program or;

- Waiver certification from San Diego County HHSA's HIV, STD, and Hepatitis Branch (HSHB)

- The Primary Care Clinic shall designate their treatment educators. Treatment educators may include, but are not limited to medical assistants, RNs, LVNs, health educators, pharmacists, or case managers.

- Clinics will be reimbursed for each one-half hour of counseling by a certified counselor. A maximum of 2 units (one hour) may be billed per session a maximum of eight sessions per client per funding year (March through February).

Claims Submission for TA Counseling

Claims must be submitted using the following billing methods listed below. For instructions on submitting claims electronically, please contact the Ryan White Program Manager at (858) 495-1373.

- HCPCS code S9445

- NPI (National Provider Identifier) number of Treatment Adherence Counselor

Dental Services

Providers are required to refer patients for dental care **annually.** Patients can make appointments directly with a contracted dental clinic. For a list of contracting dental providers, refer to the list located on Page 3. For a list of RWPC Allowable Dental Services refer to Attachment L. Practice Guidelines set forth by a working group from the Standards of Care Committee are available as Attachment D.

Mail or Fax RWPC Dental Services claims to:

Mail to:
UnitedHealthcare, ASO - RWPCP
P.O. Box 939016
San Diego, CA 92193

FAX to:

 UnitedHealthcare, ASO - RWPCP
(858) 495-1329
Remember to always use a fax cover sheet

Secondary Dental Services

Clients with some form of health/dental coverage, other than Ryan White, may be eligible for the Secondary Dental Pool if they either do not have dental coverage or the needed service is excluded from the dental plan. Only palliative care and pain management services are provided through RWPC. Eligibility and invoicing for Ryan White Secondary Dental Services is processed and administered by the ASO.

Dental service providers must complete the Ryan White Secondary Dental Services Enrollment Form (Attachment N) for each patient who appears eligible for secondary dental services. All questions must be answered and supporting documentation, when required, should be maintained with the form.

Mail or Fax RWPCP Secondary Dental Services Dental claims to:

UnitedHealthcare, ASO - RWPCP Claims
P.O. Box 939016
San Diego, CA 92193

FAX to:

 UnitedHealthcare, ASO - RWPCP Claims
(858) 495-1329 - *Remember to always use a fax cover sheet*

Patients enrolled in Secondary Dental Services may receive services at any Primary Care Dental clinic funded by Ryan White.

LIHP Dental Services

The LIHP program is another source of funding for HIV medical services. Ryan White patients who qualify for LIHP must be funded (paid for) using the LIHP program, not Ryan White. The Ryan White Dental Program is considered the **payer of last resort**.

HIV positive individuals who have been enrolled in LIHP will have access to the RWPC for services not paid through LIHP. This includes covered Dental Services. All services provided to LIHP recipients must be charged to LIHP. The ASO will pay through LIHP if the service is payable through LIHP. If the service is not payable through LIHP, the ASO will pay through RWPC if the service is allowed through RWPC. If the service is not available through LIHP or RWPC, the claim will be denied.

Pharmacy Services

The RW/CMS Drug Formulary does not have drugs specific for treating HIV infection. The new state requirement is Ryan White is the payer of last resort, so the Low Income Health Program (LIHP) will pay for anti-HIV drugs for RW enrollees, called the ADAP formulary. The LIHP Formulary contains ADAP drugs excluding HIV drugs for which there is a patient assistance program.

Frequently Asked Questions (FAQ)

This collection of frequently asked questions (FAQ) provides brief answers to many common questions with reference to the Pharmacy Services.

When does the provider use the LIHP formulary vs. the CMS/RW formulary?

The provider would choose the formulary corresponding to the individual's active enrollment.

When is prior authorization required for medications?

Prior authorization is required for drugs not listed in the RW/CMS Drug Formulary (Attachment H) only when medical criteria are met.

How is prior authorization for prescriptions obtained?

Obtain prior authorization from the Pharmacy Benefit Manager, InformedRx Professional Services by completing the Drug Prior Authorization Request form located in the back of the RW/CMS Drug Formulary prior to sending the patient to the pharmacy; or the pharmacist may submit the request if the medical justification for the non-formulary drug is provided, please see the two (2) options below on how to request prior authorization.

Prior authorization may be requested 2 ways:

1. Fax the prior authorization form to InformedRx Professional Services:
   Fax Number: (866) 511-2202
   Urgent Fax Number: (877) 636-9001

2. To submit the request on-line register at: **www.myinformedrx.com**

Questions?

Call InformedRx Customer Service Help Desk at:
1-800-777-0074

Claims

Medical services are paid to a Primary Care Clinic at a negotiated global rate. The procedure codes included in this rate are listed in the RWPCP Global Services Basic Services List and can be found in Attachment I.

A list of RWPCP medical care excluded procedures codes can be found in Attachment O.

Claims Procedure

In order for claims to be processed for payment, all claims must follow standard billing practices and include the following information:

- Patient name
- Patient address
- Patient Social Security Number
- Patient date of birth
- Date(s) of service
- Current E&M, CPT, HCPCS and/or ADA codes
- All documentation and addendum required by Medi-Cal (e.g., full itemization of unlisted drugs and supplies)
- ICD-9 code(s) – primary and secondary diagnosis
- Practitioner's name and specific NPI number (includes medical providers, nutritionists, and TA counselors)

- Provider's tax identification number
- Full itemization of charges
- Submit medical claims with E&M and CPT codes on CMS-1500 billing form or submit electronically.
- Group CMS-1500 claims separately from County Medical Services (CMS) claims.
- Primary Care Clinics interested in submitting claims electronically must contact the Ryan White Program Manager at (858) 495-1373.

All claims must be received by the ASO no later than 30 days after the close of the funding year!

Mail or Fax RWPCP claims to:

UnitedHealthcare, ASO - RWPCP Claims
P.O. Box 939016
San Diego, CA 92193

FAX to:

UnitedHealthcare, ASO - RWPCP Claims
(858) 495-1329 - *Remember to always use a fax cover sheet*

Keep in Mind:

To avoid denials or delays in claims processing, please do not submit RWPCP claims with CMS or LIHP claims.

Supplemental Medical Services

A copy of the outside vendor's invoice is required when claiming payment for medical services ordered by the Primary Care Practitioner and provided by another vendor. Clinics will be reimbursed for approved services at Medi-Cal rates.

Medi-Cal Conversion

In the event that a RWPC patient becomes eligible for Medi-Cal during a Program Year, the clinic may bill Medi-Cal for all medical services provided after the Medi-Cal effective date and will reimburse the Program the actual amount paid for services during that time-frame. If the ASO does not receive repayment within thirty (30) days of notification of Medi-Cal eligibility, future payments to the clinic may be adjusted.

Appeal Process

To appeal a denied claim, resubmit the claim with a detailed explanation and justification for payment within thirty (30) days of the date of the denial notification. Under no circumstances shall processed claims be appealed more than forty-five (45) days after the end of the federal funding cycle.

Send payment appeals to:

UnitedHealthcare, ASO - RWPCP Appeals
Attention: Claims Department
P.O. Box 939016
San Diego, CA 92193

Claims for patients approved for LIHP

Claims for patients identified as eligible for LIHP, RW-LA on the eligibility listing, should be submitted to the LIHP program since they are the primary payer.

Mail or Fax LIHP service claims to:

UnitedHealthcare, ASO – LIHP Claims
P.O. Box 23667
San Diego, CA 92193

FAX to:

UnitedHealthcare, ASO – LIHP Claims
(858) 495-1329
Remember to always use a fax cover sheet